



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE
INSPECTION CHECKLIST

NAME OF ADC PROGRAM		DATE	
PLEASE ASSEMBLE THE FOLLOWING FORMS FOR REVIEW		NEEDED	REC'D
1. Personnel records for both paid and volunteer staff for review, as applicable , including information regarding Employee Disqualification List and Criminal Background Checks (EDL/CBC), documentation that staff are free of communicable disease, and current certifications in first aid and CPR.			
2. Names and social security numbers of all Program employees who may have contact with residents.			
3. A list of the names of all volunteers utilized by the Program who have recurring contact with participants and little opportunity for supervision (i.e. a van driver, manicurist, therapy assistant).			
4. Copies of any contracts with agencies that provide outside services. (For the purpose of EDL/CBC review, this would include agencies providing staff who have direct contact with participants.)			
5. Menus of meals planned for the current week and a record of meals actually served in the past four weeks.			
6. Schedule of planned daily, group activities and records of activities actually conducted.			
7. Daily attendance log for participants.			
8. Current facility inspection reports from the local health authority, local fire department (as applicable) including catered services.			
9. A copy of the written plan for assuring safety of participants, staff and volunteers in case of fire or other disaster, including the written planned schedule for periodic checks for fire extinguishers and for smoke detector batteries, as applicable, and a copy of written plan for fire/disaster drills and any available documentation.			
THE FOLLOWING INFORMATION WILL ALSO BE NEEDED IF THIS INFORMATION IS NOT AVAILABLE WITH- IN THE PARTICIPANT RECORDS.		NEEDED	REC'D
1. Copy of information given to participants/families on admission to the Program, including information regarding discontinuing services and resolving grievances.			
2. A list of participants' date of entry into the program, the days of the week that each participant typically uses the services of the Program site and the payment source.			
3. Emergency Medical Plan			
NOTES _____ _____			